

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L63604**

1. Entity Name  
**POWERHOUSE TWO, INC.**



Principal Place of Business  
**120 N. WEST CROWN POINT ROAD  
#105  
WINTER GARDEN, FL 34787 US**

Mailing Address  
**120 N. WEST CROWN POINT ROAD  
#105  
WINTER GARDEN, FL 34787 US**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3760383</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**BRODERSEN, DANILE N  
2601 TECHNOLOGY DRIVE  
ORLANDO, FL 32804**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000793856  
01/25/08-80025-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOWERS, GERALD 13178 W COLONIAL DR WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOWERS, SANDRA M 13178 E. COLONIAL DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIRBEL, DAWN C 120 N. WEST CROWN POINT RD. #105 WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPG WIRBEL, THOMAS E 120 N. WEST CROWN POINT RD. #105 WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08 407

Date

Daytime Phone #